

**APPLICATION FOR APPROVAL  
OF EMERGENCY TRAINING COURSE**

( Rev. 11-14-06 )

**COURSE NUMBER:** \_\_\_\_\_

**COURSES: (check only one per application)**

<b>FIRST RESPONDER</b>	<b>EVOC</b>
<b>BASIC</b>	<b>EXTRICATION</b>
<b>ADVANCED</b>	<b>INSTRUCTOR</b>
<b>INTERMEDIATE</b>	<b>UPDATE</b>
<b>PARAMEDIC</b>	<b>OTHER</b>

**INSTRUCTIONS:**

This application must be completed by an EMS Commission Certified Training Institution or EMS Commission Certified Instructor responsible for the classroom instruction.

Complete all information requested and submit with attachments to the INDIANA DEPARTMENT OF HOMELAND SECURITY, IGC-S, E239, 302 West Washington Street, Indianapolis, IN 46204-2722. The application will be submitted NOT LESS THAN 30 calendar days PRIOR to the starting date you are requesting for the course.

The below named applicant hereby submits for consideration of the Indiana Emergency Medical Services Commission a request to administer the above indicated course.

**PLEASE TYPE OR PRINT CLEARLY:**

\_\_\_\_\_  
Name of Certified Training Institution (or appropriate course sponsor for EVOC, Extrication, or FRD only) date of application ( month, day, year )

\_\_\_\_\_  
Mailing Address of Certified Training Institution (or appropriate course sponsor,) include city, state, and ZIP code

\_\_\_\_\_  
Location of classroom facilities

\_\_\_\_\_  
Length of course (weeks)                      day (s) class meets                      Start date                      Completion date

\_\_\_\_\_  
Name of program Medical Director (if applicable)                      daytime telephone number with area code

\_\_\_\_\_  
Mailing Address of Medical Director, include city, state, and ZIP code

\_\_\_\_\_  
Name and EMS Certification number of Primary Instructor / Lead Instructor                      daytime telephone number with area code

\_\_\_\_\_  
Mailing Address of instructor, include city, state, and ZIP code

\_\_\_\_\_  
Name of ALS Training Institution Program Coordinator                      daytime telephone number with area code

\_\_\_\_\_  
Name of Training Institution Official                      daytime telephone number with area code

**Application Materials Required For Processing And Approval of the Requested Course:**

1. A list of resource materials, references, textbooks, workbooks, etc. that will be used by the students during the course.
2. A course syllabus, which must include the date, instructor, and topic ( must identify practice and testing time ) for each session.
3. A list and the source of the equipment to be used during skills practice ( First Responder courses NOT thru a Training Institution only ).
4. Clinical hours for ambulance and hospital ( break out hospital hours by specialty area for AEMT-I and EMT-P courses ).
5. Institution or Provider and location of clinicals ( current agreement must be on file in the Indiana Department of Homeland Security offices for each location ).
6. A list of names, certification numbers, and driver's license or state identification number for each student to be enrolled in Primary Instructor, EMT-Basic A  
Advanced EMT-Intermediate, or EMT-Paramedic courses.

\_\_\_\_\_  
This to certify that the request submitted by the above named applicant, subject to the conditions below, is in compliance with the training standards adopted by the Indiana EMS Commission.

\_\_\_\_\_  
Conditions:

\_\_\_\_\_  
Signature of Indiana Department of Homeland Security Certification Section Chief  
date signed ( month / day / year )

**First Responder Courses NOT thru a Training Institution:**

Name of lead instructor	daytime telephone number with area code
-------------------------	---

Signature of Primary Instructor	Date signed ( month / day / year )
---------------------------------	------------------------------------

Signature of Course Sponsor	Date signed ( month / day / year )
-----------------------------	------------------------------------

**First Responder, EMT-Basic, EMT-Basic Advanced or Primary Instructor Courses:**

Signature of Training Institution Official	Date signed ( month / day / year )
--	------------------------------------

**Advanced EMT-Intermediate / EMT-Paramedic Courses:**

Signature of ALS Training Institution Official	Date signed ( month / day / year )
--	------------------------------------

**Emergency Vehicle Operations ( EVOC ) or Extrication Courses:**

Name of Approved Instructor	Date signed ( month / day / year )
-----------------------------	------------------------------------

Signature of Course Sponsor	Date signed ( month / day / year )
-----------------------------	------------------------------------